STATE OF NORTH CAROLINA

YEAR 2008	COUNTY OF	

SUPPLEMENTAL APPLICATION FOR EXCLUSION UNDER G.S. 105-277.1

If your income level is low enough that you are not required to file a Federal Income Tax Return, please complete the following and attach to the completed Form AV-9.

	CLAIMANT	SPOUSE
1. Full Name (as shown on abstract)		
2. Social Security Number:		
Social Security Number (SSN) disclosure is mandatory for approval may be used for verification of information provided on this applica SSN and all income information will be kept confidential. The SSN n pay the taxes. Using the SSN will allow the tax collector to clai otherwise be owed to you. Your SSN may be shared with the state accounts for failure to timely pay taxes.	tion. The authority to require this number is giv nay also be used to facilitate collection of prope im payment of an unpaid property tax bill fro	en by 42 U.S.C. Section 405(c)(2)(C)(i orty taxes if you do not timely and volu om any state income tax refund that
3. Wages, Salaries, Tips, etc.	\$	\$
4. Interest	\$	\$
5. IRA distributions	\$	\$
6. Pensions and Annuities	\$	\$
7. Social security benefits	\$	\$
8. Capital gains	\$	\$
9. All other moneys received.	\$	\$
TOTAL	\$	\$
NFORMATION IS SUBJECT TO VERI DEPARTMENT OF REVENUE.	FICATION WITH THE NO	RTH CAROLINA
AFFIRMATION OF CLAIMANT - Under penals knowledge and belief all information furnished by m	ties prescribed by law, I hereby ne in connection with this application	affirm that to the best of on is true and complete.
Claimant's Name (please print)		
Claimant's Signature	Date	

Application must be received by June 1st.

Do not remit this to the North Carolina Department of Revenue. Please send completed form to the appropriate county tax office.

(County addresses can be found at: www.dor.state.nc.us/downloads/CountyList.pdf)